



Child and Adult Care Food Program

09

TO THE PROVIDER FOR TIER I HOME DETERMINATION:

Please complete the attached form and return it to your sponsor to apply for Tier I reimbursement rates as a participant in the U.S. Department of Agriculture's (USDA), **CHILD & ADULT CARE FOOD PROGRAM**. Facilities that participate in the program receive financial assistance from the USDA to help cover the cost of serving nutritious meals and snacks to the children in care.

The USDA Regulations include the following requirements:

- Income eligibility information must be collected every year.
- Income information **MUST BE** kept **confidential** by the sponsor and is to be used only by persons directly connected with the sponsor's administration and enforcement of the Child & Adult Care Food Program.
- Income information must be documented in the sponsor's file.
- Meals must be provided at no separate charge and parents must not have to provide food for their child.
- Meals must meet food pattern requirements and each child must be served the required amount of each food group at all meals claimed for reimbursement. Children must be served the same meals within the same facility at no separate charge and without discrimination.
- **Income Eligibility Disclosure Notification:** Children's free or reduced-price meal eligibility information will be disclosed to Medicaid and/or CHIP to identify children eligible for and to seek to enroll children in a health insurance program. Parents/guardians may elect not to have their information disclosed in **Section D** of the Income Eligibility Form. Parents/guardians are not required to consent to the disclosure and your decision will not affect your child[ren]'s eligibility for free or reduced-price meals.

We are pleased to have you participate in the Montana Child & Adult Care Food Program.

Thank you,

Mary Musil, Program Manager
Child and Adult Care Food Program

How to Complete the Income Eligibility Form

Dear Provider:

Please assist us in complying with the requirements of the USDA's Child & Adult Care Food Program (CACFP) by completing and promptly returning the attached **Income Eligibility Form [IEF]**.

Section A. Complete if you participate in one of the following programs.

- Food Stamps
- Cash Assistance - TANF
- FDPIR

Complete Section A of the attached form by filling in the **case number** and listing your **children's names and ages**, then **sign the form** where noted under Section C and include the date. To receive reimbursement for your own children, you must complete and sign the IEF even if you live in an area identified as one of economic need.

Section B. Complete if you do not participate in the programs shown in Section A.

- ✓ List all household members;
List the ages of children enrolled for care next to their name;
- ✓ List all income received last month next to the name of the person who received it; and
- ✓ Participants that have a family member who becomes unemployed are eligible for free or reduced priced meals during that period of unemployment.

To be eligible for Tier I reimbursement under individual economic need, you must submit a completed **IEF**, make sure you report ALL household income, not just your family day care home business income, and provide sufficient documentation of your income to determine your eligibility based on individual economic need. If you operated a day care family or group home business last year, please attach a copy of your most recent tax return including Schedule C. Income documentation may include:

- Payment statements from salaried work for all members of your household, including your spouse;
- A copy of your most recent tax return forms showing your accurate income and including the signature page;
- Statements from other forms of income for all household members; or
- Proof of your gross household income for the last month along with an income and expense statement for that month.

Section C. Households are requested to check the ethnic identity of the child(ren) listed in Section 1.

Section D. Check the appropriate box next to the statement that reflects your consent to allow the income information from this form to be disclosed for potential health insurance participation.

Section E. The Form must be signed by provider and must include the social security number of the person signing the application. If the adult household member doesn't have a social security number, write "none."

If you do not live in an area identified as one of economic need and you choose not to complete this form or you are not eligible for free or reduced price meals, you will receive the lower Tier II reimbursement for meals served to children enrolled in your family/group day care home. However, if you have already been classified as a Tier I day care home because your home is

located in an area identified as one of economic need, you do not have to complete the IEF unless you would like to also receive reimbursement for meals served to your own children.

Please complete the "Income Eligibility" Form and return it as promptly as possible to the Sponsor whose address is on the attached form.

<u>USDA INCOME GUIDELINES</u>			
(Effective from July 1, 2008 through June 30, 2009)			
<u>Household Size</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$19,240	\$ 1,604	\$ 370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
For each additional family member add:	+6,660	+555	+129

NOTE: Please keep these Income Guidelines. DO NOT circle figures and return the Guidelines to your sponsor. You must report actual income on the Income Eligibility Form.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

Income Eligibility Form
(July 1, 2008 – June 30, 2009)
Confidential Information – DCH Provider

09

RETURN THIS FORM TO:

Sponsor: _____

Day Care Home Provider _____ Site # _____
Address of Provider _____
Provider Phone Number _____

Please complete Section A, B, or C, then SIGN YOUR NAME on the appropriate line below.

Section A: Tier I Categorical Eligibility

Please provide your Food Stamps, FDPIR, Cash Assistance-TANF case number on the line provided. Documentation (certification letter, etc.) of this eligibility is required for a Tier I Home determination.

6- Digit Case Number _____

Provider's Own Child(ren) and Age(s) _____

Food Stamps _____
Cash Assistance/TANF _____
FDPIR _____

Section B: Tier I Eligibility by Income

Please list **ALL** members of your household and their incomes. List ALL income received last month on the same line with the person who received it. You must list gross income **BEFORE** deductions for taxes, social security, etc. List each dollar amount in the correct column. If you operated a day care family or group home business last year, please attach a copy of your most recent tax return including Schedule C.

A List all Household Members' First and Last Names	B Age of Enrolled Child	C Monthly Earnings from Work (Before Deductions)	D Monthly Child Support, Alimony, or Public Assistance	E Monthly Payments From Pensions, Retirement, or Social Security	F Other Income From IRS 1040 Income Statement

Total Number in Household _____ Total Household Income _____ **by month**
(Monthly Income Conversion: Every 2 weeks: Multiply by 2.15. Twice a month: Multiply by 2. Weekly: Multiply by 4.33.)

Section C. Please check the racial or ethnic identity of your child(ren). This is not mandatory.

☐ White, not Hispanic ☐ Hispanic ☐ Black, not Hispanic ☐ Asian or Pacific Islander ☐ Native American or Alaskan Native

Section D. Income Eligibility Disclosure Notification

☐ I **DO** consent to disclosure of income information for enrollment of my child[ren] in a health insurance program; **OR**
☐ I do **NOT** consent to disclosure of income information for enrollment of my child[ren] in a health insurance program.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Section E: SIGN HERE

Signature of Provider _____

Social Security Number _____

Date _____

Social Security Number: Federal Law (PL 97-35) requires you to list your Social Security Number as the parent or guardian who signs this form, before your child may be eligible for free or reduced priced meals. If you do not have a Social Security Number, write 'none.' A Social Security Number is not needed if you listed a Food Stamp, TANF, or FDPIR case number or you are applying for a foster child. You do not have to give your Social Security Number, but failure to provide the number will result in denial of this application for free or reduced priced meals. The Social Security Number may be used to identify you for verifying the information you report on this application. If incorrect information is discovered, a loss of benefits or legal action may occur.

The information you have provided is confidential and must be sent to the Sponsor listed above

Section F: I May Decline to Provide Information

I choose not to provide information about my household size and income.

Signature of Provider _____

Date _____

SPONSOR USE ONLY

Tier I Eligibility

___ Yes ___ No **Eligible by School Data with Verifying Documentation** _____
___ Yes ___ No **Eligible by Census with Verifying Documentation** _____ **K-8 School Name** _____
___ Yes ___ No **Eligible by Income or Categorical Eligibility: Is income verification complete and attached?** ___ Yes ___ No

Signature of Sponsoring Organization Official _____

Date _____